

BEST AVAILABLE COPY

| CLAIMS ONLY | | | | | | | |
|---------------------------------------------------|----------|--------|-----------------------|--------|------------------------|-------------|-------------------------------------------------|
| Application Number 101012507 | | | | | | Filing Date | |
| Applicant(s) | | | | | | | |
| * May be used for additional claims or amendments | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * |
| | Indep | Depend | Indep | Depend | Indep | Depend | * Indep Depend Indep Depend Indep Depend |
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| Total Indep | 72 | | | | | | Total Indep |
| Total Depend | 41 | | | | | | Total Depend |
| Total Claims | 113 | | | | | | Total Claims |

CLAIMS ONLY

Application Number
101070507

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
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